



Rm. B-11, MUNICIPAL BLDG.
245 DEKOVEN DRIVE
MIDDLETOWN, CT 06457-3460

Questions? Call 860.638.4510 or
arts@middletownct.gov

GRANT APPLICATION

»»»»» **CATEGORIES 2 OR 3**

**Please download to your device.
Doing so will enable you to work
on it while saving any data you
enter, until you are ready to submit
the completed application.**

Email:

APPLICANT:

Phone:

ADDRESS:

City:

State:

Zip:

PERSON RESPONSIBLE FOR PROJECT (if other than applicant):

SPONSORING ORGANIZATION:

ADDRESS:

City:

State:

Zip:

Contact Person:

Grant Request:

Total Project Cost:

Briefly describe the project/purpose for which the Commission's grant funds are requested:

The following date must be filled in or application will be returned. Project Completion Date:

Date(s) of Project:

Location(s) of Project:

Will project take place without MCA funding? ☐ YES ☐ NO The information so far provided is: ☐ firm ☐ tentative

Are you seeking other funding support? ☐ YES ☐ NO If YES, please list other funding sources:

List dates of past grants or funding from the MCA (Include amount of grant/funding received):

[illegible]

If you anticipate income beyond your expenses, please show that amount here and explain below how that income will be used.

Page 2 of 3

Describe any anticipated free (in-kind) services for your project:

Please describe the manner in which you plan to promote/publicize your project *and credit the MCA for funding support.*

Please check the areas that reflect the make-up of your intended audience:

☐ Senior ☐ Minority ☐ Handicapped ☐ Adults ☐ Youth ☐ Children ☐ General

How large an audience do you expect? Per presentation: Total:

How many participants (*not including audience*) will be involved in the project?

Will you be selling 1) tickets ☐ YES ☐ NO Price: 2) program ads? ☐ YES ☐ NO Price:

Do you anticipate that your project will impact the citizens of Middletown? Please explain how in the space provided.

NOTE: APPLICANTS ARE ADVISED TO RETAIN A COPY OF THE COMPLETED APPLICATION AS SUBMITTED TO THE MCA.

Date:

RETURN COMPLETED GRANT APPLICATION TO:

City Arts & Culture Office
Rm. B-11 • Municipal Bldg.
245 deKoven Drive
Middletown, CT 06457-3460

Authorized Applicant Signature

Authorized Applicant Name

Authorized Applicant Title